How to Conduct a Community Health Assessment
Where to Begin?

The catalyst for a community health assessment is often a function of the lead agency that is promoting the assessment. As a result, the exact starting point for a community health assessment may vary from one situation to the next. However, consistent with the strategies in any planning process, the starting points for a CHA often include the following:

- Securing buy-in/support from key leadership
  - CEO, trustees, community leaders
- Establishing a budget
  - Stipends, quantitative and qualitative data collection, data analysis, report preparation, hiring outside consultants
- Forming a work group or planning committee
  - Who will lead the process? Committee should include individuals who have the capacity to get the work done and also oversee critical aspects of the process

**Defining Parameters**

- How will you define the community and what types of data will be used?

**Identifying the audience**

- Will the assessment be designed to help the broader community or a specific organization? Will it be made available to the public?

- Engaging key stakeholders
  - Community organizations, community leaders, institutional partners, etc..
Securing Buy-In

- Securing buy-in for both the community health assessment *purpose* and *process* from key leadership is often a critical first step.

- Why is this important?
  - Conducting a CHA often requires significant human and economic resources.
  - Ensuring that leadership supports the process will increase the likelihood that resources will be available when needed.
  - Leadership support will also facilitate the development and implementation of recommendations to address key findings in the CHA.

- How is this accomplished?
  1. Clearly state the purpose and benefits of the assessment process – IRS mandate, opportunity to engage the community, opportunity to learn from the community, results will enhance organizational performance.
  2. Provide a clear timeline and budget – the process of securing buy-in is often much easier when the estimated cost and duration of the CHA process are clearly defined.
Establishing a Budget

The total cost of a Community Health Assessment or Community Health Needs Assessment can vary significantly from one assessment to the next.

The cost of a CHA is often dependent on several factors including:

• Who is conducting the assessment? Organization staff, external consultants?

• How will data be collected?
  • The cost will be lower if only quantitative data are used, the costs can rise significantly if interviews and focus groups are being conducted

• Who will analyze the data?
  • Outsourcing data analysis, particularly for qualitative data, is common but also much more expensive

• Who will prepare the report?
  • The cost of writing and distributing the report can be a significant portion of the CHA budget. This cost often includes interpretation of data analysis findings and developing recommendations

• An additional component of the budget may also include stipends to community partners to assist with the CHA process
The formation of a planning team is an important component of any CHA. This team is often charged with making critical decisions, overseeing the implementation of the CHA, securing resources and engaging key stakeholders.

Members of this planning team may include:

- Administrators, key public health staff, community partners, researchers, consultants and others who will play a key role in CHA implementation.

When forming the planning team, it is important to establish guidelines for team members including:

- Roles for each team member
- Frequency of meetings
- Decision-making structure
- Other responsibilities
- Accountability
Defining Parameters

It is easy for a community health assessment to become an all-encompassing process since the purpose of the assessment is to identify both the critical health needs of a community as well as the root causes of those health outcomes. Therefore, it is critical to define clear parameters for the scope of the assessment and the resources that will be used to conduct the assessment.

The scope of the assessment can include:
- The definition(s) of community that will be used. Will community be defined in purely geographic terms or will other conceptualizations also be used (LGBT, racial/ethnic communities, etc.)?
- The data sources that will be used
  - This can include existing data, newly collected data, quantitative data, qualitative data (focus groups, etc.).
- The data elements and metrics that will be included
  - Demographics, health outcomes, social determinants, economic factors, environmental factors, etc…
- The types of data analyses that will be conducted
  - Simple statistics, thematic analysis of qualitative data, more advanced statistics (regression, etc.).
- The strategic models or tools that will be used to guide the process
Identifying the Audience

Because the Community Health Assessment often engages a broad range of partners, the final product is likely to have a varied audience. When defining the audience for a CHA, it is important to consider not only the key stakeholders, but also others who may use this document.

Because CHAs are required by most non-profit hospitals and health systems, they are often the primary audience for these documents. From this perspective, the CHA should include core health needs for individuals in the hospital’s priority communities.

Other audiences may include:

- Health center staff and patients
- Health Departments
- Community Organizations
- Political leadership
- Community residents
Engaging Stakeholders

Engaging key stakeholders in the earliest stages of CHA planning is perhaps one of the most important steps in the CHA process. Stakeholders include those groups and individuals who have a shared interest in not only learning about the health needs, but also developing strategies to address those needs.

Stakeholders will also include community partners who may help recruit participants for focus groups and key informant interviews, community leaders representing diverse areas of health, school officials, health center leaders, political leadership, community residents, and others.

How do you engage stakeholders?

• In most cases, the process of engaging stakeholders includes: 1) informing individuals/organizations that you are planning to conduct a CHA; 2) Assessing their willingness to participate and the level at which they would like to participate; 3) What is needed from them (participant recruitment, data provision, etc.); 4) How the CHA may benefit them or their organization; and 5) next steps
Conducting the Community Health Assessment

**Developing a shared vision:** ensure that the CHA process remains focused and that buy-in from all key partners will be maintained over time.

**Setting Goals and Objectives:** represents an important component of the roadmap that guides the CHA process.

**Selecting Appropriate Metrics:** Given the broad scope of many community health assessments, there are often many metrics that planners want to include.

**Framing Critical Questions:** The qualitative component of a CHA, which often includes focus groups and key informant interviews, should be guided by clearly formulated questions.

**Identifying data sources:** The community health assessment is a data-driven process. This means that the identification of high-quality sources of existing data is a critical step in the CHA process.

**Conducting data analyses:** Once the qualitative and quantitative data have been collected, the next step is to analyze the data and report the results.

**Reporting results:** The IRS regulations that often mandate community health assessments require the publication of a written report.

**Disseminating the CHA:** Once the Community Health Assessment is complete, it is important to execute a clear plan to disseminate the final report to key stakeholders.

**Establishing a Community Health Improvement Process:** The final stage of a community health assessment is technically the beginning of a new process: The Community Health Improvement Plan (CHIP).
Developing a Shared Vision

Developing a shared vision with members of the planning team and with key stakeholders will ensure that the CHA process remains focused and that buy-in from all key partners will be maintained over time.

A shared vision is also the cornerstone of a successful collaborative process and it can often provide a broader perspective on approaches to health in a community.

• For example, a collaborative effort between health officials, housing officials and education officials along with community residents and other community leaders may include a shared vision that defines health in terms of access to safe schools, affordable housing and high quality health care as opposed to a more narrow concept of health that only focuses on physiological determinants of health.

There are several frameworks and tools, including the Mobilizing for Action through Planning and Partnerships (MAPP) tool, that can facilitate the development of a shared vision.
Setting Goals and Objectives

The creation of clear goals and objectives based on input and participation from both planning team members as well as key stakeholders represents an important component of the roadmap that guides the CHA process.

A goal is a general statement of direction and is often designed to be aspirational. Goals describe what one hopes to achieve and they provide long-term direction.

Objectives are much more specific. Good objectives follow the S.M.A.R.T framework. They are Specific, Measureable, Achievable, Relevant, and Time-limited. Objectives indicate progress towards a goal. If we think of a goal as a final destination, then objectives are specific directions that lead to the destination.

In the context of a community health assessment, goals may focus on the long-term impact on health that one hopes to achieve or they may focus on specific determinants of health. For example, a CHA may have as a goal: To Understand Barriers to Health in our Community.
Selecting Appropriate Metrics

Metrics represent the actual data elements that are captured in a community health assessment. Given the broad scope of many community health assessments, there are often many metrics that planners want to include.

The Centers for Disease Control and Prevention has a recommended list of metrics that community health assessments should include. These metrics are grouped in two categories: Health Determinant Metrics and Health Outcome Metrics.

Health Determinant metrics include:
1) Demographics and Social Environment: Age, gender, race/ethnicity, income, poverty level, educational attainment, employment status, measures of violence and safety and other indicators
2) Physical Environment: housing, environmental hazards, lead levels, etc..
3) Health Behaviors: smoking, drug use, unsafe sexual activity, physical activity, etc..
4) Health care access and quality: insurance coverage, # of health centers & hospitals, asthma hospitalizations

Health Outcome metrics include:
1) Mortality: all cause, infant mortality, suicide, homicide, injury related mortality
2) Morbidity: obesity, low birthweight, cancer rates, overall health status indicators, STDS, HIV and motor vehicle injuries
Framing Critical Questions

The qualitative component of a CHA, which often includes focus groups and key informant interviews, should be guided by clearly formulated questions.

Developing questions that will not only reveal key health needs within the community, but also the modifiable factors that can improve health status is a critical step in the community health assessment process.

Engaging a diverse group of stakeholders (community residents, health care leaders, community organizations, etc.) in the process of developing these questions offers an important opportunity to develop high impact questions.

There are also many validated tools that are available to assess various dimensions of community health.

Ideally, the number of questions posed to a focus group should be limited (typically 6-8) so that focus group participants have time to answer each question. Similarly, for key informant interviews, the number of questions posed to each individual should be reasonable for the amount of time allocated for each interview.
The community health assessment is a data-driven process. This means that the identification of high quality sources of existing data is a critical step in the CHA process.

Secondary data, which are data that have already been collected and compiled elsewhere, are critical sources of information for community health assessments.

Different metrics will have different sources of data.

- Demographic data are often drawn from Census data and other community surveys.
- Public health data can be found in reports published by local health departments (Boston Public Health Commission) or state health departments (MA Department of Public Health).
- Hospitals also collect and report a broad range of health data. In addition, in many states, hospitals are required to make their community health assessments available to the public.
- Vital statistics reports includes many indicators of mortality, natality and morbidity.
- Other important sources of data may include data registries such as the National Violent Death Reporting System (NVDRS) and community surveys such as the Behavioral Risk Factor Surveillance System (BRFSS).
Conducting Data Analyses

Once the qualitative and quantitative data have been collected, the next step is to analyze the data and report the results.

Data analyses in community health assessments most often include descriptive statistics (frequencies, percentages) and stratified data (eg. Heart disease hospitalizations by race/ethnicity).

Many forms of data are reported as rates and in rare instances, it may be necessary to calculate rates when appropriate numerator and denominator data are available.

It is rare to include more advanced analyses such as regression modeling in a community health assessment. However, when possible, conducting tests of statistical significant can enhance the quality and impact of data reporting.

Qualitative data require specialized forms of data analysis including thematic analyses. This is a critical step in the data analytic plan since the themes that emerge from the qualitative data can illuminate important areas of health need.
The IRS regulations that often mandate community health assessments require the publication of a written report.

A good community health assessment report should include:

1. The methods used to conduct the assessment
2. A definition of the community (demographics, socioeconomic status)
3. A prioritized summary of significant health needs
4. A description of community assets and resources (parks, farmers markets, schools, hospitals, etc.)
5. Description of other existing efforts to improve community health, particularly collaboration efforts (coalitions, task forces, etc.)
6. Graphs, tables, maps and other illustrations
Once the Community Health Assessment is complete, it is important to execute a clear plan to disseminate the final report to key stakeholders.

This step is often most effective when conducted in partnership with key stakeholders. Importantly, the dissemination stage of the community health assessment is also a valuable opportunity to discuss findings with community leaders and community residents. This can occur through town hall meetings, media reports, community roundtables and other forums.

Community health assessments that are conducted by hospitals as a part of their community benefit requirements must also be available electronically.

Distributing the CHA to political leadership and other elected officials can be an effective way to build support to address CHA findings.
Establishing a Community Health Improvement Process

The final stage of a community health assessment is technically the beginning of a new process: The Community Health Improvement Plan (CHIP)

The CHIP is a long-term and systematic plan to address identified community health needs and build a foundation for lasting community health. The CHIP is also a valuable tool for future planning and can also be used to guide the development of future health assessments.

Importantly, the CHIP should be ‘action oriented.’ This means that the CHIP should identify key community resources and implementable strategies to improve health.

As with the CHA, the development and implementation CHIP should be community-driven and collaborative and should incorporate a broad definition of health.
The following video provides a brief snapshot into the role and importance of the community health assessment process for a given community.